

VALLEY REGIONAL HIGH SCHOOL
DEPARTMENT OF ATHLETICS
PARENT/ATHLETE ACKNOWLEDGEMENT
FORM

ALL REQUIRED PAPERWORK MUST BE SUBMITTED BEFORE A STUDENT CAN PARTICIPATE IN ATHLETIC ACTIVITY.

NAME OF STUDENT _____

ATHLETE _____

SPORT _____

DATE OF BIRTH _____

AGE _____

GRADE _____ SCHOOL ATTENDED LAST

YEAR _____

DATE OF CURRENT PHYSICAL EXAM _____ (

PHYSICAL EXAMS REMAIN CURRENT FOR 13 MONTHS)

DATE OF IMPACT _____

TESTING _____

NURSE'S SIGNATURE: _____

I/WE GIVE OUR PERMISSION FOR _____
TO PARTICIPATE IN ORGANIZED HIGH SCHOOL ATHLETICS, REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL SPORTS. I/WE ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF APPROPRIATE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASIONS THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL DISABILITY OR EVEN DEATH. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THIS WARNING.

I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL OF THE VALLEY REGIONAL HIGH SCHOOL ATHLETIC POLICIES IN THE STUDENT HANDBOOK.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

THIS FORM AND THE EMERGENCY PERMISSION FORM MUST BE SIGNED AND RETURNED TO THE ATHLETIC DIRECTOR'S OFFICE PRIOR TO THE FIRST PRACTICE.

SIGNATURE OF MEMBER OF ATHLETIC DEPT. _____
